
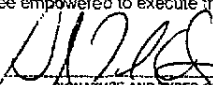


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**  
**Apr 20, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A95000001681</b>					
1. Entity Name WESTSHORE GROUP, LLLP					
Principal Place of Business 5300 WEST KNOX STREET TAMPA, FL 33634			Mailing Address P.O. BOX 15216 TAMPA, FL 33684-5216		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3342578	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  HYMAN, DAVID 5300 WEST KNOX STREET TAMPA, FL 33634				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and fee if applicable</small>					
9. Capital Contributions as Shown on record. \$1,720,000.00			10. Amount of Capital Contributions in FLORIDA to date.		
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
	HYMAN, DAVID TRUSTEE	5300 WEST KNOX STREET	TAMPA, FL 33634		
	TELLES, LEANDRO TRUSTEE	5300 WEST KNOX STREET	TAMPA, FL 33634		
	ELOZORY, RA'ANAN	5300 WEST KNOX STREET	TAMPA, FL 33634		
	ELOZORY, TODD D	5300 WEST KNOX STREET	TAMPA, FL 33634		
	ELOZORY, DANIEL T	5300 WEST KNOX STREET	TAMPA, FL 33634		
	NEWELL, AMY MARIE E	1601 EDGEWATER CT	FRANKLIN, TN 37069		
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.					
SIGNATURE:  DANIEL T. ELOZORY			4/15/04 813 884-2561		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		

STAPLE CHECK HERE